FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	0	(See instruction	_		Office use only
1. NAME OF COMMITTEE (in		neck if name changed)	Example: If typying, type over the lines	12FE4M5	
Rely on Your I	Beliefs Fund	1 1 1 1 1 1		11111	
1					
ADDRESS (number and	street) 209 Per	ınsylvania Ave	enue, SE		
(Check if addr is changed)	ess Washin	gton		PC L	20003
COMMITTEE E MA	II ADDDECC		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA					1
					
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
				11111	
202-496-7756		YY			
2. DATE 0.4	17 2	006		_	
3. FEC IDENTIFICA	ATION NUMBER	C	C00344648		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exami	ined this Statement and to t	he best of my know	rledge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer Cor	inne A. Falend	cki		
Signature of Treasurer	. Electronically Filed by	/ Corinne A.	Falencki	Date 0 4	18 / 2006
NOTE: Submission of fa			subject the person signing this St		
Office Use Only			For further information Federal Election Commi Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the	Democratic, epublican,etc.) Party.
	 (e) This committee is a separate segregated fund (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund 	und or party
	committee.	
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY ≜ STATE ≜	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	tion
	Membership Organization Trade Association Cooperative	

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Vrite or Type Committee Name			
Rely on Your Beliefs Fund			
Custodian of Records: Identify b possession of Committee books	y name, address, (phone number and records.	optional), and position of th	ne person in
Full Name			
Mailing Address			
Title or Position ♥	CITY A		
		Felephone number	
		•	
Treasurer: List the name and ac name and address of any design	nated agent (e.g., assistant treasurer).	
Full Name of Treasurer Mailing Address List the name and according to the name and according t	nated agent (e.g., assistant treasurer). 	
rame and address of any designment of Treasurer Corinne A. Fa	nated agent (e.g., assistant treasurer		20006
rame and address of any designment of Treasurer Corinne A. Fa	nated agent (e.g., assistant treasurer alencki 1900 K Street, NW		
rame and address of any design Full Name of Treasurer Mailing Address ——————————————————————————————————	alencki 1900 K Street, NW Washington CITY	DC	20006
name and address of any design Full Name of Treasurer Mailing Address Title or Position ▼	alencki 1900 K Street, NW Washington CITY	DCSTATE	20006
Full Name of Designated	alencki 1900 K Street, NW Washington CITY	DCSTATE	20006
rame and address of any design Full Name of Treasurer Mailing Address Title or Position ▼ Ms. Full Name of Designated Agent	alencki 1900 K Street, NW Washington CITY	DCSTATE	20006

	FEC Form	1 (F	Rev	ise	d 0	2/2	200	3)																												_	_	Pa	ge	4			_
9.	Banks or Other I	-							ll b	anl	ĸs	or (oth	er (dep	008	sito	ries	s ir	ı w	hic	h th	ne (cor	nm	itte	e d	lepo	osit	s fu	ınd	s, h	old	s a	ccc	วนท	ıts,	rer	nts				
	Name of Bank, De	epos	sito	ry, (etc.																																						
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	Mailing Address								L	L							1						L		L											L	L		L		L		
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Banks or Other Depositories: safety deposit boxes or maintain. Name of Bank, Depository, etc.	List all banks or other depositories in which the committee deposits s funds.	funds, holds accounts, rents [ADDITIONAL]
Mailing Address		
	CITY 🛆 STAT	E △ ZIP CODE △
Name of Any Connected Org	anization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected Org	anization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected Org	anization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected Org	anization or Affiliated Committee	[ADDITIONAL]
Name of Any Connected Orgo	anization or Affiliated Committee	[ADDITIONAL]
	anization or Affiliated Committee	
Mailing Address	CITYA	
Mailing Address Relationship	CITYA	

Designated Agent		[ADDITIONAL]
Full Name LILILI Mailing Address L		
Title or Position ♥	CITY A	
		elephone number